FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fex: 515-281-4073

Effective January 1, 2010, all statements end reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

2011 JAN 18 PH 1:16

COMMITTEE NAME (Must be same as on Statement of Organ	nization)	 >	INK
Minard for Supervisor	•		RM
IMPORTANT: Indicate by # type of committee you are reporting for: [(1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (4)County Central Committee (5)County Candidate (6)City Candid Subdivision Candidate (8)County PAC (9)City PAC (10)School B 11) Local Ballot Issue	State PAC (3) State Party ate (7) School Board or Other Political	(Rev	R-2 DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:	Delitical Barts (Secolizable)	1 1	ad Im
Candidate Name Larry Minard	Political Party (if applicable) Republican	1 1	ned <u>SU</u>
Office Sought County Supervisor	District (if Senate or House)	1 1 1	ed
Late reports are subject to possible civil and criminal panalities. Pur candidate's committee, and the chairperson, for any other type of committee to the chairperson of the chairperso	suant to lows Code sections 68B.32A(7) committee, is the individual responsible to ### TELEPHONE ###################################	r filing time	01(5), the candidate, for a silv and gocurate reports. DATE SIGNED
Tanuary 10	REPORT FOR (1) ELECTION /(3	NON-EI	ECTION YEAR
I AM FILING A January 19 (report date)	Indicate by #		EQUOR LENG
, , , ,	•		Was only Date of Election
CHECK IF AMENDMENT TO REPORT DATED		cei Commi	itees, enter Data of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	l.) . (wi	ounty & Loc nich Electio Scott Cour	
STATEMENT OF CASH ON HAND	D		
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is f	cash on hand at the end	\$	2,913.72
ADD TOTAL MONEY TAKEN IN THIS PERIOD	· ·		
Schedule A: Cash Contributions total (Attach Sched	iule A) (*also see in-kind below)		0.05
Schedule F: Loans Received total (Altach Schedule			0.00
Schedule H: Total Sales of Campaign Property (Att	ach Schedule H)		0.00
(Schedule H applies to Candidates' Com			
C STOWN OF THE STO	SUB-TOTAL	\$	2,913.77
SUBTRACT TOTAL MONEY SPENT THIS PERIO	: '		
Schedule B: Expenditures total (Attach Schedule B	•		1,913.77
Schedule F: Loan Repayments total (Attach Sched	ule F)		1,000.00
CASH ON HAND at the end of this reporting period (if final re			0.00
			0.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)			0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	edule E)		0.00
COUTSTANDING LOANS (From Schedule F - Attach Schedule	iule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		_	_YESNO
CANDIDATE COMMITTEES ONLY:	•	_	0.00
VALUE OF CAMPAIGN PROPERTY (Fram Schedule H - A		\$	
STATE COMMITTEES: Submit a reconciled campaign acc	ount bank statement in January of eac	h year.	

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's parsonal funds)	•	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	٦		CK THIS BOX IF NDING FORM
Minard for Supervisor		<u></u>	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	!D# CK#	Uniternized Contributions Includes Bank Account Interest		\$.05	
	ID#	·			
	CK#				
	ID#				
	ID# CK#				
<u>,</u>	ID#				
	CK#				
	CK#				
	ID# CK#				
	ID#				
·	ID#				
	CK#			-	
	CK#	·	SUB-TOTAL		
		TOTAL (if last)	oage of this schedule)	\$.05 \$.05	-

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME	(Must be same as on	Statement of	Organization)
Agnum :	M		-

Minard for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disburgement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/31/10	NUMBER ID# CK#	Wells Fargo Bank	Bank Service Fees & State Sales Tax	\$ ^{14.56}
11/30/10	ID# CK#	Wells Fargo Bank	Bank Service Fees & State Sales Tax	14.56
12/16/10	ID# CK# 1015	The Cellar 137 S. State Street Geneseo, IL	Meal-	144.57
12/31/10	ID# CK#	Wells Fargo Bank	Bank Service Fees & States Sales Tax	14.56
1/12/11	ID# CK#1017	Hannah Evans 1918 Lorton Avenu Davenport, IA 52803	Bookkepping	50.00
1/13/11	ID# CK#1018	Scott County Republican Party PO Box 534 Bettendorf, IA 52722	Donation	1660.96
1/18/11	ID# CK#	Wells Fargo Bank	Bank Service Fees & State Sales Tax	14.56
•	ID# CK#			
<u> </u>			SUB-TOTA	\$ 1913.77
			TOTAL (if last page of this schedule	\$ 1913.77

		EES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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Paαe	•	of		

FOR INSTRUCTIONS, SEE BACK OF FORM

NITTEE NAME(Must be same as on Statement of Organization)		SCHEDULE F (Rev. 02/08)	LOANS
rd for Superv	isor			& REPAI
	reports money loaned to the committee which is deposited in UNS FROM LAST REPORTING PERIOD \$	the committee account.	LI CHECK	THIS BOX NG FORM
I. MÔNETAR	Y LOANS RECEIVED <u>THIS</u> REPORTING PERIOD surce of loan, such as a bank, must be shown if a third party is	involved. Include loans from ca	ndidate's personal	funds.)
DATE RECEIVED MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applica		OF LOAN
			5	
		·		
			1-	
RT II - MONET	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERI	TOTAL (PART I)	\$ 0.00	
(Loans /	orgiven must be reported on Schedule E In-kind Contributio	OD ns.) RELATIONSHIP T	O AMOUN	T REPAID
(Loans I	orgiven must be reported on Schedule E In-kind Contributio	OD ns.)	O AMOUN	T REPAID
(Loans I DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E In-kind Contributio NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Larry Minard 2743 Elm Street	OD (18.) RELATIONSHIP T CANDIDATE* (If Appli	O AMOUN	
(Loans I DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E In-kind Contributio NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Larry Minard 2743 Elm Street	OD (18.) RELATIONSHIP T CANDIDATE* (If Appli	O AMOUN	
(Loans I DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E In-kind Contributio NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Larry Minard 2743 Elm Street	OD (18.) RELATIONSHIP T CANDIDATE* (If Appli	O AMOUN	
(Loans I DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E In-kind Contributio NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Larry Minard 2743 Elm Street	OD (18.) RELATIONSHIP T CANDIDATE* (If Appli	S 100	0.00
(Loans I DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Larry Minard 2743 Elm Street Davenport, IA 52803	Self ASH REPAYMENTS (PART II)	S 1000.0	0.00
(Loans I DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Larry Minard 2743 Elm Street Davenport, IA 52803	RELATIONSHIP T CANDIDATE* (If Appli	S 100	0.00